Overview

The CMO Claims Dashboard reflects claims data at a specific point in time for the Atlanta and Central Regions. This report summarizes CMO claims activity on a Year-to-Date (YTD) basis; that is, from June 1, 2006 to the most current week-ending period (each Friday). The YTD timeframes are included at the top of each worksheet. Please note that claims are received on daily basis by the CMOs and adjudicated several times each week. The CMO Claims Dashboard will be updated regularly and will reflect changes from the previous reporting period.

CMO Claims Summary for the Atlanta and Central Regions - YTD - (June 1, 2006 - September 1, 2006)

	Claims Received	Claims Paid	Claims Denied ***	Claims Paid/ Denied	Duplicate Claims (Based on Date of Service)	% of Total Denied Claims Due to "Duplicate Claim" as Denial Reason Code (see previous column)	Amount Paid	% of Clean Claims Dispositioned to Final Stage and Remittance Advice (either Paid or Denied) w/in 15 Business Days	Average Business Days to Process (Date of Service to Receipt of Clean Claim)	Average Business Days to Process (Receipt to Disposition of Clean Claim)
									Overall Average	Overall Average
CMO Claims* Total	813,218	563,680	169,634	719,951	65,902		\$ 90,013,81	97%	13.86	5.01
% Processed				88.5%		38.8%				
									Overall Average	Overall Average
Professional Claims** Total	665,569	464,136	138,806	602,942	54,839		\$ 38,625,32	96.7%	13.41	5.22
% Processed				90.6%		39.5%				
									Overall Average	Overall Average
Facility Claims Total	142,220	96,117	29,220	125,337	10,579		\$ 51,040,17	98.3%	15.87	3.94
% Processed				88.1%	•	36.2%	•			

^{*} CMO Claims Total = Professional services, Facilities, Therapists and Ancillary Services (excludes Behavioral Health, Dental, Pharmacy and Vision Claims); excludes physician capitation payments.

^{**} All Physician and professional claims; excludes physician capitation payments.

^{***} Claims identified as denied include, but are not limited to, duplicate claims, members not eligible with the billed CMO on the date of service, non-covered benefits, and/or medical management denials.

Overview

The CMO Claims Dashboard reflects claims data at a specific point in time for the Atlanta and Central Regions. This report summarizes CMO claims activity on a Year-to-Date (YTD) basis; that is, from June 1, 2006 to the most current week-ending period (each Friday). The YTD timeframes are included at the top of each worksheet. Please note that claims are received on daily basis by the CMOs and adjudicated several times each week. The CMO Claims Dashboard will be updated regularly and will reflect changes from the previous reporting period.

CMO Claims* for the Atlanta and Central Regions - YTD - (June 1, 2006 - September 1, 2006)

	Claims Received	Claims Paid	Claims Denied**	Claims Paid/ Denied	Duplicate Claims (Based on Date of Service)	% of Total Denied Claims Due to "Duplicate Claim" as Denial Reason Code (see previous column)	mount Paid	% of Clean Claims Dispositioned to Final Stage and Remittance Advice (either Paid or Denied) w/in 15 Business Days	Average Business Days to Process (Date of Service to Receipt of Clean Claim)	Average Business Days to Process (Receipt to Disposition of Clean Claim)
Amerigroup	129,083	95,611	27,565	123,176	10,125		\$ 12,992,526		12.86 days	2.83 days
% Processed				95.4%		36.7%		99.2%		
Peach State	303,357	184,988	96,265	281,253	40,364		\$ 30,124,702		19.25 days	5.58 days
% Processed				92.7%		41.9%		92.9%		
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WellCare	380,778	283,081	45,804	315,522	15,413		\$ 46,896,589		9.9 days	5.36 days
% Processed				82.9%		33.6%		99.6%		
									Overall Average	Overall Average
Total	813,218	563,680	169,634	719,951	65,902		\$ 90,013,817	97%	13.86	5.02
% Processed				88.5%		38.8%				

^{*} CMO Claims Total = Professional services, Facilities, Therapists and Ancillary Services (excludes Behavioral Health, Dental, Pharmacy and Vision Claims); excludes physician capitation payments.

^{**} Claims identified as denied include, but are not limited to, duplicate claims, members not eligible with the billed CMO on the date of service, non-covered benefits, and/or medical management denials.

Overview

The CMO Claims Dashboard reflects claims data at a specific point in time for the Atlanta and Central Regions. This report summarizes CMO claims activity on a Year-to-Date (YTD) basis; that is, from June 1, 2006 to the most current week-ending period (each Friday). The YTD timeframes are included at the top of each worksheet. Please note that claims are received on daily basis by the CMOs and adjudicated several times each week. The CMO Claims Dashboard will be updated regularly and will reflect changes from the previous reporting period.

Professional Claims* for the Atlanta and Central Regions - YTD - (June 1, 2006 - September 1, 2006)

	Claims Received	Claims Paid	Claims Denied**		Duplicate Claims (Based on Date of Service)		Amount Paid	% of Clean Claims Dispositioned to Final Stage and Remittance Advice (either Paid or Denied) w/in 15 Business Days	to Process (Date of	Average Business Days to Process (Receipt to Disposition of Clean Claim)
Amerigroup	111,891	86,023	22,405	108,428	8,604		\$ 7,221,454		11.51 days	2.84 days
% Processed				96.9%		38.4%		99.2%		
Peach State	245,839	150,704	77,758	228,462	32,872		\$ 12,198,290		19.45 days	6.10 days
% Processed				92.9%		42.3%		92.2%		
WellCare	307,839	227,409	38,643	266,052	13,363		\$ 19,205,577		9.28 days	5.45 days
% Processed				86.4%		34.6%		99.6%		
									Overall Average	Overall Average
Total	665,569	464,136	138,806	602,942	54,839		\$ 38,625,321	96.7%	13.41	5.23
% Processed				90.6%		39.5%				

^{*} All Physician and professional claims; excludes physician capitation payments.

^{**} Claims identified as denied include, but are not limited to, duplicate claims, members not eligible with the billed CMO on the date of service, non-covered benefits, and/or medical management denials.

Overview

The CMO Claims Dashboard reflects claims data at a specific point in time for the Atlanta and Central Regions. This report summarizes CMO claims activity on a Year-to-Date (YTD) basis; that is, from June 1, 2006 to the most current week-ending period (each Friday). The YTD timeframes are included at the top of each worksheet. Please note that claims are received on daily basis by the CMOs and adjudicated several times each week. The CMO Claims Dashboard will be updated regularly and will reflect changes from the previous reporting period.

Facility Claims for the Atlanta and Central Regions - YTD - (June 1, 2006 - September 1, 2006)

	Claims Received	Claims Paid	Claims Denied*	Claims Paid/Denied	Duplicate Claims (Based on Date of Service)	% of Total Denied Claims Due to "Duplicate Claim" as Denial Reason Code (see previous column)	Amount Paid	% of Clean Claims Dispositioned to Final Stage and Remittance Advice (either Paid or Denied) w/in 15 Business Days	Average Business Days to Process (Date of Service to Receipt of Clean Claim)	Average Business Days to Process (Receipt to Disposition of Clean Claim)
Amerigroup	17,192	9,588	5,160	14,748	1,521		\$ 5,771,072		21.76 days	2.73 days
% Processed				85.8%		29.5%		99.6%		
Peach State	54,844	32,786	17,452	50,238	7,232		\$ 17,761,336		18.35 days	3.06 days
% Processed				91.6%		41.4%		96.1%		
WellCare	70,184	53,743	6,608	60,351	1,826		\$ 27,507,768		12.49 days	4.97 days
% Processed				86.0%		27.6%		99.9%		
									Overall Average	Overall Average
Total	142,220	96,117	29,220	125,337	10,579		\$ 51,040,176	98.3%	15.87	3.94
% Processed				88.1%		36.2%				

^{*} Claims identified as denied include, but are not limited to, duplicate claims, members not eligible with the billed CMO on the date of service, non-covered benefits, and/or medical management denials.